

IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION

KATHY JONES,

Plaintiff,

v.

DOLGENCORP, INC.,

Defendant.

)
)
)
)
)
)
)
)
)
)

CIVIL ACTION NUMBER:

2:06-cv-927-MEF

**DEFENDANT DOLGENCORP, INC.'S EVIDENTIARY SUBMISSION IN
SUPPORT OF ITS MOTION FOR SUMMARY JUDGMENT**

COMES NOW Defendant Dolgencorp, Inc. ("Defendant" or "Dolgencorp")
and files its Evidentiary Submission in Support of its Motion for Summary Judgment.

1. Declaration of Tracy M. Loftis, with Exhibits.

Respectfully submitted,

s/Christopher W. Deering

Bar No.: ASB-5555-I71C

Christopher W. Deering, Esq.

Ryan M. Aday, Esq.

Ogletree, Deakins, Nash,

Smoak & Stewart, P.C.

One Federal Place, Suite 1000

1819 Fifth Avenue North

Birmingham, Alabama 35203

Telephone: (205) 328-1900

Facsimile: (205) 328-6000

E-mail: christopher.deering@odnss.com

E-mail: ryan.aday@odnss.com

CERTIFICATE OF SERVICE

I hereby certify that on January 18th, 2007, I electronically filed the foregoing with the Clerk of the Court using the CM/ECF system which will send notification of such filing to the following:

Jere L. Beasley -- jere.beasley@beasleyallen.com

Wilson Daniel Miles, III -- dee.miles@beasleyallen.com

Roman Ashley Shaul -- roman.shaul@beasleyallen.com

s/Christopher W. Deering _____

Christopher W. Deering

Bar Number: ASB-5555-I7IC

Attorney for Defendant,

Dolgencorp, Inc.

4601832.2

**IN THE UNITED STATES DISTRICT COURT
FOR THE MIDDLE DISTRICT OF ALABAMA
NORTHERN DIVISION**

KATHY JONES,)	
)	
Plaintiff,)	
)	
v.)	CIVIL ACTION NUMBER:
)	
DOLGENCORP, INC.,)	2:06-cv-927-MEF
)	
Defendant.)	

DECLARATION OF TRACY M. LOFTIS

1. I am currently employed as a Legal Assistant in Dollar General's Law Department located in Goodlettsville, Tennessee. I have been employed by Dollar General since March 26, 2001. I am over the age of 18. I have personal knowledge of the matters set forth in this declaration.

2. In my position, I am one of the employees designated to have access to certain files, records, and data, including personnel files and payroll records, relating to employees in Dollar General stores, including store level employees. Specifically, I have access to and knowledge of the employment data, personnel file, payroll records and other documents pertaining to the Plaintiff in this case, Kathy Jones.

3. In connection with providing this declaration, I have retrieved records relating to a Department of Labor Wage & Hour investigation of Store No. 7267, which commenced in October 2005, and involved Kathy Jones. These documents are business records kept in the ordinary course of business, and it is the regular course of business for employees or representatives of Dollar General to make or otherwise maintain these records at or near, the time of the relevant employment or operational actions.

4. Attached to this Declaration as Exhibit "1" is a true and correct copy of a letter dated October 19, 2005, from Yvette R. Davis, Department of Labor Investigator, to Jennifer Cook, attorney for Dollar General.

5. Attached to this Declaration as Exhibit "2" is a true and correct copy of a letter that I sent to Kathy Jones dated December 13, 2005, enclosing a check made payable to her in the gross amount of \$185.84 (the "Check"), along with a Receipt for Payment of Lost or Denied Wages (the "Receipt") for her signature. On or about December 8, 2005, the Department of Labor provided Dollar General with the Receipt, and instructed that Dollar General secure the signature of Kathy Jones for the Receipt, and return it to the Department of Labor. A true and correct copy of such written instruction from the Department of Labor is attached hereto as Exhibit "6."

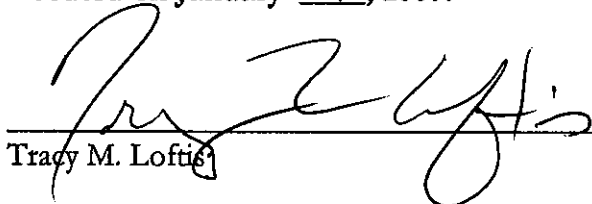
6. Attached to this Declaration as Exhibit "3" is a true and correct copy of a letter that I sent to Yvette R. Davis dated December 14, 2005. With that letter, in accordance with Department of Labor instructions, I enclosed copies of the letters and checks that were sent to the affected employees, as determined by the Department of Labor, including Kathy Jones.

7. Attached to this Declaration as Exhibit "4" is a true and correct copy of a letter that I sent to Yvette R. Davis, in accordance with Department of Labor instructions, on February 1, 2006, executed Receipts from the employees in question who signed and returned the Receipt, and copies of cancelled checks for those employees who did not sign and return a Receipt.

8. Attached to this Declaration as Exhibit "5" is a true and correct copy of the cancelled Check negotiated by Kathy Jones.

9. Dolgencorp never received an executed Receipt from Kathy Jones.

I declare under penalty of perjury that the foregoing two-page declaration is true and correct. Executed on January 17th, 2007.


Tracy M. Loftis

4604280.3

EXHIBIT 1

10-19-2005 15:03 From-US DOL WAGE & HOUR

334 223 7746

T-458 P.002 F-111

U.S. Department of Labor

Employment Standards Administration
Wage and Hour Division
4001 Carmichael Road, Suite 215
Montgomery AL 36106
Telephone: (334) 223-7588 Ext. 14
Fax (334) 223-7746



October 19, 2005

Declaration #72
2250 East South Boulevard
Montgomery AL 36116

SUBJECT: Visit by Wage and Hour Investigator

Dear Ms. Jennifer Cook,

The Wage and Hour Division is responsible for the administration and enforcement of a number of Federal laws involving labor standards. These include the Fair Labor Standards Act, Family and Medical Leave Act, Public Contracts Act, Service Contracts Act, and Title II of the Consumer Credit Protection Act. The Division also has certain responsibilities under the Davis Bacon Act and related statutes, including the Contract Work Hours and Safety Standards Act.

This is to advise you that an investigation of your business has been scheduled to determine if your employees have been paid in accordance with the requirements of the Fair Labor Standards Act and any other applicable acts as listed above. You are requested to provide the following information covering the last two years ending with your last completed workweek:

- ✓ 1. Timecards or timesheets for all employees
2. Payroll records showing each employee's
 - Name, address, Social Security Number, telephone number
 - Occupation
 - Period of employment
 - Rate(s) of pay, including dates of any changes in rate(s)
 - Total hours worked each workweek ✓
 - Total wages paid each pay period ✓
 - Total daily or weekly straight time earnings or wages
 - Total overtime-excess compensation for the workweek
 - Total additions to or deductions from wages paid each pay period
 - Date of payment and the pay period covered by the payment
 - Records of all compensatory time or banked hours
3. 1099's for claimed independent contractors or day laborers

10-19-2005 15:03 From-US DOL WAGE & HOUR

334 223 7746

T-458 P.003

F-111

4. Employer Identification Number

5. Gross Annual Dollar Volume of sales/business for the last 3 years (2004, 2003, and 2002)

I will also need the information requested on the enclosed worksheet, and I will need to examine the I-9 forms which employers are required by the Immigration and Nationality Act to prepare and maintain as verification of employees' employment eligibility.

This list is not meant to be all inclusive and additional records may be requested as needed. Please have these records for all locations.

Every effort will be made to conduct this assignment expeditiously and with a minimum of inconvenience to you and your employees.

Sincerely,


YVETTE R. DAVIS
Wage Hour Investigator

Enclosure:
Handy Reference Guide
Worksheet
Fact Sheet #44

EXHIBIT 2



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

100 Mission Ridge
Goodlettsville, TN 37072

615.855.4000

www.dollargeneral.com

December 13, 2005

Kathy Jones
8444 Water Oak Ct.
Montgomery, AL 36117

RE: Backwages

Dear Ms. Jones:

Enclosed please find backwages owed to you by Dollar General in the gross amount of One Hundred Eighty-Five and 84/100 Dollars. Also enclosed is a Receipt for Payment of Lost or Denied Wages. Please sign this upon receipt and return it to my attention in the enclosed prepaid, self-addressed, stamped envelope.

Sincerely,

DOLLAR GENERAL CORPORATION

Tracy M. Loftis
Legal Assistant

DESC.	HOURS	RATE	AMOUNT	Y.T.D.	DEDUCTIONS	Y.T.D.
TOTAL	.00		185.84	11,855.79		
ACH Total		TAXABLE GROSS	185.84	9,922.67		
.00		NET PAY	163.92	8,362.35	TOTAL	21.92
						3,493.44

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. Ⓜ

DOLGENCORP, INC.
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

AMERICAN BANK
CLARKSVILLE, TN

NO: 0073230146

DATE 12/13/2005

AMOUNT
*****163.92

VOID AFTER 90 DAYS

PAY One Hundred Sixty Three and 92/100 Dollars

07267 STORE
TO THE JONES, KATHY C.
ORDER OF 8444 WATER OAK CT
MONTGOMERY AL 36117

Walter L. Smith

⑈0073230146⑈ ⑆064103079⑆ 1000080579⑈

See Reverse Side For Easy Opening Instructions



ATTN: PAYROLL DEPARTMENT
DOLGENCORP, INC
c/o DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

000495

ADDRESS SERVICE REQUESTED

DEPT 07267 STORE
JONES, KATHY C.
8444 WATER OAK CT
MONTGOMERY AL 36117

Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



As computed and approved by the Wage and Hour Division

I, Jones, Kathy C, hereby acknowledge receipt of payment in full

from Dolencorp, Inc., 2280 East South Boulevard, Montgomery, AL 36116

for the period beginning with workweek ending 10/24/2003 through the workweek

ending 8/12/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$185.84</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ _____
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ _____
<input type="checkbox"/> H2A	<input type="checkbox"/> Other _____	

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees, and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee _____

Date _____

Address _____

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) _____ paid the above-named employee

in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed _____

Title _____

PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION UNDER U.S. CODE, TITLE 18, SEC. 1001.

1. WAGE AND HOUR COPY

Date: 12/01/2005 3:37:38 PM

Case ID: 1419762

Page 3

EXHIBIT 3



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

100 Mission Ridge
Goodlettsville, TN 37072

615.855.4000

www.dollargeneral.com

December 11, 2006

Via Facsimile: 334-223-7746

Followed Via U.S. Mail

Yvette R. Davis
Wage & Hour Investigator
U.S. Department of Labor
4001 Carmichael Road, Suite 215
Montgomery, AL 35105

RE: Dolgencorp, Inc. D/b/a Dollar

Dear Ms. Davis:

As instructed by the Department of Labor
wages to the following employees:

1. Patricia Abshire
SSN: 550-37-3558
Gross Amount: Two Hundred Twenty-Five and 38/100 Dollars (\$225.38)
2. Shaniki Culbertson
SSN: 423-23-3239
Gross Amount: Eighty-Nine and 16/100 Dollars (\$89.16)
3. Kathy Jones
SSN: 422-86-3088
Gross Amount: One Hundred Eighty-Five and 84/100 Dollars (\$185.84)
4. Theresa Mims
SSN: 418-96-9206
Gross Amount: One Hundred Forty-Six and 00/100 Dollars (\$146.00)

I have enclosed copies of each check. Also enclosed is a copy of the U.S. Department of Labor's Summary of Unpaid Wages signed by Jennifer Gingery Cook. I will forward the signed copy of the Back Wage Disbursement and Pay Evidence Instructions tomorrow as soon as it's been executed by Dollar General's Executive Vice President and General Counsel, Susan Lanigan.

Yvette R. Davis
U.S. Department of Labor
December 14, 2005
Page 2

In addition, I will forward to you the Receipts as they are returned to me by the above individuals. Should I not have any of the Receipts by the end of January, I will arrange to forward you copies of each cancelled check by or before February 6, 2006.

Please let me know if you should need anything further.

Sincerely,

DOLLAR GENERAL CORPORATION



Tracy M. Loftis
Legal Assistant
to Jennifer Gingery Cook



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

100 Mission Ridge
Goodlettsville, TN 37072

615.855.4000

www.dollargeneral.com

December 13, 2005

Patricia Abshire
25 Dogwood Road
Montgomery, AL 36108

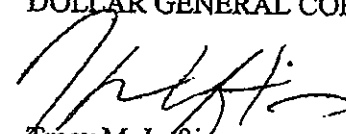
RE: Backwages

Dear Ms. Abshire:

Enclosed please find backwages owed to you by Dollar General in the gross amount of Two Hundred Twenty-Five and 38/100 Dollars. Also enclosed is a Receipt for Payment of Lost or Denied Wages. Please sign this upon receipt and return it to my attention in the enclosed prepaid, self-addressed, stamped envelope.

Sincerely,

DOLLAR GENERAL CORPORATION



Tracy M. Loftis
Legal Assistant

PERIOD END 12/09/2005 CHECK 00732301							
DESC.	HOURS	RATE	AMOUNT	Y.T.D.	DEDUCTIONS	Y.T.D.	
VACATION			225.38	7,362.24	FICA EE	13.57	473.39
HOLIDAY				162.00	MEDICARE	3.27	110.71
OWB				108.00	FED W/H	11.29	442.70
				5.07	AL W/H	6.57	235.58
					GARN FEE		18.00
					GARN		658.71
TOTAL	.00		225.38	7,635.31			
ACH Total	TAXABLE GROSS		225.38	7,635.31			
.00	NET PAY		190.28	5,696.22	TOTAL	35.10	1,939.09

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK.



DOLGENCORP, INC.
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

41301

NO. 0073230144

DATE 12/13/2005

AM SOUTH BANK
CLARKSVILLE, TN

AMOUNT

*****190.28

VOID AFTER 90 DAYS

PAY One Hundred Ninety and 28/100 Dollars

07267 STORE

TO THE ORDER OF ABSHIRE, PATRICIA
25 DOGWOOD RD
MONTGOMERY, AL 36108

⑈0073230144⑈ ⑆064103079⑆ 1000080579⑈

See Reverse Side For Easy Opening Instructions



ATTN: PAYROLL DEPARTMENT
DOLGENCORP, INC.
c/o DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171
ADDRESS SERVICE REQUESTED

000493

DEPT 07267 STORE
ABSHIRE, PATRICIA
25 DOGWOOD RD
MONTGOMERY AL 36108

Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



As computed or approved by the Wage and Hour Division

I, Abshire, Patricia, hereby acknowledge receipt of payment in full
from Dolgencorp, Inc., 2280 East South Boulevard, Montgomery, AL 36116

for the period beginning with workweek ending 10/24/2003 through the workweek
ending 8/12/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$225.38</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ _____
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ _____
<input type="checkbox"/> H2A	<input type="checkbox"/> Other _____	

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee _____

Date _____

Address _____

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) _____ paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed _____

Title _____

PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.

1. WAGE AND HOUR COPY

Date: 12/06/2005 3:37:37 PM

Case ID: 1419762

Page 1



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

*100 Mission Ridge
Goodlettsville, TN 37072*

615.855.4000

www.dollargeneral.com

December 13, 2005

Shaniki Culbertson
3250 F. Virginia Pines Lane
Montgomery, AL 36116

RE: Backwages

Dear Ms. Culbertson:


Enclosed please find backwages owed to you by Dollar General in the gross amount of Eighty-Nine and 16/100 Dollars. Also enclosed is a Receipt for Payment of Lost or Denied Wages. Please sign this upon receipt and return it to my attention in the enclosed prepaid, self-addressed, stamped envelope.


Sincerely,

DOLLAR GENERAL CORPORATION

Tracy M. Loftis
Legal Assistant

PERIOD END 12/09/2005 01:01					000/220/05	
DESC.	HOURS	RATE	AMOUNT	YTD	DEDUCTIONS	YTD
REG HRS			89.16	89.16		89.16
					MEDEARS	1.29
					FED W/H	3.82
					AL W/H	2.61
TOTAL	.00		89.16	89.16		
ACH Total	TAXABLE GROSS		89.16	89.16		
.00	NET PAY		75.91	75.91	TOTAL	13.25
						13.25

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. 

 DOLGENCORP, INC.
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

AMOUNT
*****75.91

DATE 12/13/2005

VOID AFTER 90 DAYS

PAY Seventy Five and 91/100 Dollars

07267 STORE
TO THE CULBERTSON, SHANIKI L.
ORDER OF 3250 F VIRGINA PINES LANE
MONTGOMERY AL 36116

W. L. Smith

⑈0073230145⑈ ⑆064103079⑆ 1000080579⑈

"See Reverse Side For Easy Opening Instructions"



ATTN: PAYROLL DEPARTMENT
DOLGENCORP, INC
c/o DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171
ADDRESS SERVICE REQUESTED

000494

DEPT 07267 STORE
CULBERTSON, SHANIKI L.
3250 F VIRGINA PINES LANE
MONTGOMERY AL 36116

Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



As computed or approved by the Wage and Hour Division

I, Cullbertson, Shaniki L, hereby acknowledge receipt of payment in full
from Dorjancorp, Inc., 2280 East South Boulevard, Montgomery, AL 36116

for the period beginning with workweek ending 10/24/2003 through the workweek
ending 11/19/2004 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$89.16</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ _____
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ _____
<input type="checkbox"/> H2A	<input type="checkbox"/> Other _____	

1 NOTICE TO: EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO: EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees, and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO: EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee _____

Date _____

Address _____

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) _____ paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed _____

Title _____

**PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.**

1. WAGE AND HOUR COPY

Date: 12/05/2005 3:37:38 PM

Case ID: 1419762

Page 2



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

100 Mission Ridge
Goodlettsville, TN 37072

615.855.4000

www.dollargeneral.com

December 13, 2005

Kathy Jones
8444 Water Oak Ct.
Montgomery, AL 36117

RE: Backwages

Dear Ms. Jones:


Enclosed please find backwages owed to you by Dollar General in the gross amount of One Hundred Eighty-Five and 84/100 Dollars. Also enclosed is a Receipt for Payment of Lost or Denied Wages. Please sign this upon receipt and return it to my attention in the enclosed prepaid, self-addressed, stamped envelope.

Sincerely,

DOLLAR GENERAL CORPORATION

Tracy M. Loftis
Legal Assistant

DESC.	HOURS	RATE	AMOUNT	Y.T.D.	DEDUCTIONS	Y.T.D.
REG			185.84	11,855.79		
VAC				400.00		
WINTER				380.00		
HOLID				140.00		
OVRS				102.85		
					MEMO	
					W/1	
					HEALTH	
TOTAL	.00		185.84	11,855.79		
ACH Total		TAXABLE GROSS	185.84	9,922.67		
.00		NET PAY	163.92	8,362.35	TOTAL	21.92
						3,493.44

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. 

DOLGENCORP, INC.
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

AMOUNT BANK
CLARKSVILLE, TN

NO. 0073230146

DATE 12/13/2005

AMOUNT
*****163.92

VOID AFTER 90 DAYS

PAY One Hundred Sixty Three and 92/100 Dollars

07267 STORE

TO THE ORDER OF JONES, KATHY C.
8444 WATER OAK CT
MONTGOMERY AL 36117

Walter L. Smith

⑈0073230146⑈ ⑆064103079⑆ 1000080579⑈

See Reverse Side For Easy Opening Instructions



ATTN: PAYROLL DEPARTMENT
DOLGENCORP, INC
c/o DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171
ADDRESS SERVICE REQUESTED

000495

DEPT 07267 STORE
JONES, KATHY C.
8444 WATER OAK CT
MONTGOMERY AL 36117

**Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation**

U.S. Department of Labor
Employment Standards Administration
Wage and Hour Division



As computed or approved by the Wage and Hour Division

I, Jones, Kathy C, hereby acknowledge receipt of payment in full
from Dolymcorp, Inc., 2280 East South Boulevard, Montgomery, AL 36116

for the period beginning with workweek ending 10/24/2003 through the workweek
ending 8/12/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$185.84</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ _____
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ _____
<input type="checkbox"/> H2A	<input type="checkbox"/> Other _____	

1 NOTICE TO: EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO: EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees, and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO: EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee _____

Date _____

Address _____

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) _____ paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed _____

Title _____

**PENALTIES: INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.**

1. WAGE AND HOUR COPY

Date: 12/01/2005 3:37:38 PM

Case ID: 1419762

Page 31



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

100 Mission Ridge
Goodlettsville, TN 37072

615.855.4000

www.dollargeneral.com

December 13, 2005

Theresa Mims
7 Cedar St.
Montgomery, AL 36110

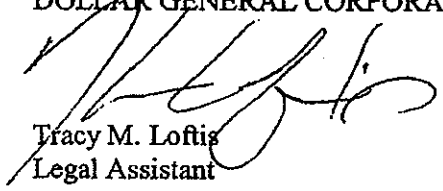
RE: Backwages

Dear Ms. Mims:

Enclosed please find backwages owed to you by Dollar General in the gross amount of One Hundred Forty-Six and 00/100 Dollars. Also enclosed is a Receipt for Payment of Lost or Denied Wages. Please sign this upon receipt and return it to my attention in the enclosed prepaid, self-addressed, stamped envelope.


Sincerely,


DOLLAR GENERAL CORPORATION



Tracy M. Loftis
Legal Assistant

DESC.	HOURS	RATE	AMOUNT	Y.T.D.	DEDUCTIONS	Y.T.D.
TOTAL	.00		146.00	4,266.00		
ACH Total		TAXABLE GROSS	146.00	3,082.02		
.00		NET PAY	129.75	2,491.28	TOTAL 16.25	1,774.72

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK. 

 **DOLGENCORP, INC.**
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

NO 0073230147

DATE 12/13/2005

AMOUNT
*****129.75

VOID AFTER 90 DAYS

PAY One Hundred Twenty Nine and 75/100 Dollars

07267 STORE

TO THE ORDER OF MIMS, THERESA S.
7 CEDAR ST
MONTGOMERY, AL 36110

W. L. Smith

⑈0073230147⑈ ⑆064103079⑆ 1000080579⑈

See Reverse Side For Easy Opening Instructions



ATTN: PAYROLL DEPARTMENT
DOLGENCORP, INC
c/o DOLLAR GENERAL CORPORATION
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171
ADDRESS SERVICE REQUESTED

000490

DEPT 07267 STORE
MIMS, THERESA S.
7 CEDAR ST
MONTGOMERY AL 36110

**Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation**
U.S. Department of Labor
 Employment Standards Administration
 Wage and Hour Division


As computed or approved by the Wage and Hour Division

I, Mimi, Theresa, hereby acknowledge receipt of payment in full
 from Dellgencorp, Inc., 2280 East South Boulevard, Montgomery, AL 36116
 for the period beginning with workweek ending 10/24/2003 through the workweek
 ending 8/12/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$146.00</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ _____
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ _____
<input type="checkbox"/> H2A	<input type="checkbox"/> Other _____	

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees, and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee _____

Date _____ Address _____

EMPLOYER'S CERTIFICATION

To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) _____ paid the above-named employee
 in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed _____ Title _____

**PENALTIES: INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
 UNDER U.S. CODE, TITLE 18, SEC. 1001.**

1. WAGE AND HOUR COPY

Date: 12/05/2005 3:37:39 PM

Case ID: 1419762

Page 41

EXHIBIT 4



DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: tloftis@dollargeneral.com

100 Mission Ridge
Goodlettsville, TN 37072

615.855.4000

www.dollargeneral.com

February 1, 2006

Via Facsimile: 334-223-7746

Followed Via U.S. Mail

Ms. Yvette R. Davis
Wage & Hour Investigator
U.S. Department of Labor
4001 Carmichael Road, Suite 215
Montgomery, AL 35105

RE: Dolgencorp, Inc. D/b/a Dollar General Store 7267

Dear Ms. Davis:

As instructed by the Department of Labor, enclosed please find Receipts of Payment of Lost or Denied Wages executed by Patricia Abshire and Theresa Mims. We did not receive executed Receipts from Kathy Jones or Shaniki Culbertson, therefore enclosed please find copies of their checks that have cleared the bank.

Please let me know if you should need anything further.

Sincerely,

DOLLAR GENERAL CORPORATION

A handwritten signature in black ink, appearing to read 'Tracy M. Loftis'.

Tracy M. Loftis
Legal Assistant
to Jennifer Gingery Cook

12-08-2005 11:31 From-US DOL WAGE & HOUR

334 229 7746

T-686 P.002/006 F-424

Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other CompensationU.S. Department of Labor
Employment Standards Administration
Wage and Hour Division**RECEIVED**

DEC 21 2005

As computed and approved by the Wage and Hour Division

I, Abshire, Patricia, hereby acknowledge receipt of payment in full
from Dogwood Corp, Inc., 2280 East South Boulevard, Montgomery, AL 36116for the period beginning with workweek ending 10/24/2003 through the workweek
ending 11/28/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$225.38</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ _____
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ _____
<input type="checkbox"/> FISA	<input type="checkbox"/> Other _____	

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee:

Patricia Abshire

Date

12/19/05

Address

25 Dogwood Dr Mont AL 36108

EMPLOYER'S CERTIFICATION

To: Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor

I hereby certify that I have on this (Date) 12/17/05 paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed

Patricia Abshire

Title _____

PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.

1. WAGE AND HOUR COPY

Date: 12/05/2006 3:37:37 PM

Case ID: 1418762

Page 11

12-08-2006 11:31 From-US DOL WAGE & HOUR

384 228 7746

T-566 P.005/005 F-424

**Receipt for Payment of Lost or Denied Wages,
Employment Benefits, or Other Compensation****U.S. Department of Labor**
Employment Standards Administration
Wage and Hour Division

As computed or approved by the Wage and Hour Division

I, Mina, Theresa, hereby acknowledge receipt of payment in fullfrom Dollgencorp, Inc., 2280 East South Boulevard, Montgomery, AL 36116for the period beginning with workweek ending 10/24/2003 through the workweek
ending 8/12/2005 of unpaid wages, employment benefits, or other compensation due me

(as shown in the column to the right) under the Act(s) indicated in the marked box(es):

<input checked="" type="checkbox"/> The Fair Labor Standards Act 1	<input type="checkbox"/> The Service Contract Act	Gross Amount \$ <u>\$146.00</u>
<input type="checkbox"/> The Employee Polygraph Protection Act 2	<input type="checkbox"/> The Davis-Bacon and Related Act	Legal Deductions \$ <u>-</u>
<input type="checkbox"/> The Family and Medical Leave Act 3	<input type="checkbox"/> The Contract Work Hours and Safety Standards Act	
<input type="checkbox"/> The Walsh-Healey Public Contracts Act	<input type="checkbox"/> Title III - Consumer Credit Protection Act	Net amount received \$ <u>-</u>
<input type="checkbox"/> FLSA	<input type="checkbox"/> Other _____	

1 NOTICE TO EMPLOYEE UNDER THE FAIR LABOR STANDARDS ACT - Your acceptance of backwages due under the Fair Labor Standards Act means that you have given up any right you may have to bring suit for such back wages under Section 16(b) of that Act. Section 16(b) provides that an employee may bring suit on his/her own behalf for unpaid minimum wages and/or overtime compensation and an equal amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitation applies to the recovery of backwages. Do not sign this receipt unless you have actually received payment of the back wages due.

2 NOTICE TO EMPLOYEE UNDER THE EMPLOYEE POLYGRAPH PROTECTION ACT - Your acceptance of lost wages and benefits under the Employee Polygraph Protection Act means that you have given up any right that you may have to bring suit for such lost wages and benefits, attorney's fees, and court costs. Generally, a 3-year statute of limitations applies to the recovery of lost wages and benefits. Do not sign this receipt unless you have actually received payment of the amounts due.

3 NOTICE TO EMPLOYEE UNDER THE FAMILY AND MEDICAL LEAVE ACT - Your acceptance of lost or denied wages, employment benefits, or other compensation due under the Family and Medical Leave Act means that you have given up any right you may have to bring suit for such amounts under Section 107(a) of that Act. Section 107(a) provides that an employee may bring suit on his/her own behalf for lost or denied wages, salary, employment benefits or other compensation, interest on the lost or denied amounts calculated at the prevailing rate, an additional amount as liquidated damages, plus attorney's fees and court costs. Generally, a 2-year statute of limitations applies to the recovery of amounts due. Do not sign this receipt unless you have actually received payment of the amounts due.

Signature of employee

Date

Address

EMPLOYER'S CERTIFICATION**To Wage and Hour Division, Employment Standards Administration, U.S. Department of Labor**

I hereby certify that I have on this (Date) _____ paid the above-named employee
in full covering lost or denied wages, employment benefits, or other compensation as stated above.

Signed

Title

**PENALTIES INCLUDING FINES OR IMPRISONMENT ARE PRESCRIBED FOR A FALSE STATEMENT OR MISREPRESENTATION
UNDER U.S. CODE, TITLE 18, SEC. 1001.**

1. WAGE AND HOUR COPY

Date: 12/08/2005 3:37:39 PM

Case ID: 1419762

Page 41

vnSouth Bank Treasury Management - Dollar General(1000080579) Paid Date: 01/17/2008 Serial Number: 73230146 Bank Sequence: 21405435

THIS DOCUMENT HAS A VOID PANTOGRAPH, MICROPRINTING AND AN ARTIFICIAL WATERMARK



DOLGENCORP, INC
100 MISSION RIDGE
GOODLETTSVILLE, TN 37072-2171

ASOUTHERNBANK
CLARKSVILLE, TN

NO. 0073230146

DATE 12/13/2005

AMOUNT
*****163.92

VOID AFTER 90 DAYS

PAY One Hundred Sixty Three and 92/100 Dollars

TO THE ORDER OF
07267 STORE
JONES, KATHY C.
8444 WATER OAK CT
MONTGOMERY AL 36117

W. L. Smith

⑈0073230146⑈ ⑈064103079⑈ ⑈000080579⑈

⑈0000016392⑈

1-800-368-5848
For more information on the Dollar General System, please call 1-800-368-5848.

RECEIVED
JAN 17 2008
10:00 AM
MONTGOMERY, AL

REC-4624 BK-19

REGIONS BANK 1043805694
70 BAGBY DRIVE 01132006
BIRMINGHAM, AL
0392388511

NO WHITE SIGN STAMP BELOW THIS LINE
DEPOSITOR BANK ENDORSEMENT

ENDORSE HERE
X Kathy C. Jones
For Deposit Only

AMSOUTH BANK
THE RELATIONSHIP PEOPLE®

Tuesday, January 31, 2006

THIS DOCUMENT IS A VOID PAYING SLIP. IT CANNOT BE USED AS A RECEIPT OR AS A PROOF OF PAYMENT.

DEBENCO, INC.
110 W. 10th St.
COLUMBIA, MO 65201

NO. 0073230145

DATE 12/19/2005

PAY Seventy Five and 01/100 Dollars

TO THE ORDER OF **DEBENCO, INC.**
3348 F. VIRGINIA PIKE LANE
MONTGOMERY, AL 36110

9/5/05 *9/5/05* *9/5/05*
1500 *1500* *1500*

W. L. Smith

0073230145 00641030793 1000080599* /0000007591*

Copyright © 2005 AMSouth Bank Member FDIC 1-800-787-0003

AMSOUTH BANK
THE RELATIONSHIP PEOPLE®

Tuesday, January 31, 2006

DEBENCO, INC.
110 W. 10th St.
COLUMBIA, MO 65201

0150030200
Commerz Bank
12/20/05 5062001166

6114305825

W. L. Smith

Copyright © 2005 AMSouth Bank Member FDIC 1-800-787-0003

MEMORY TRANSMISSION REPORT

TIME : FEB-01-2006 09:02AM
TEL NUMBER : 6158555154
NAME : LAW DEPARTMENT

FILE NUMBER : 315
DATE : FEB-01 08:59AM
TO : 1620112913342237746
DOCUMENT PAGES : 005
START TIME : FEB-01 08:59AM
END TIME : FEB-01 09:02AM
SENT PAGES : 005
STATUS : OK

FILE NUMBER : 315 *** SUCCESSFUL TX NOTICE ***

DOLLAR GENERAL CORPORATION

Telephone: (615) 855-5156
Facsimile: (615) 855-5154
e-mail: dloftis@dollargeneral.com

100 Million Ridge
Cookeville, TN 37052
615.855.8000
www.dollargeneral.com

February 1, 2006

Via Facsimile: 334-223-7746
Followed Via U.S. Mail
Ms. Yvette R. Davis
Wage & Hour Investigator
U.S. Department of Labor
4001 Carmichael Road, Suite 215
Montgomery, AL 35105

RE: Dolgencorn, Inc. D/b/a Dollar General Store 7267

Dear Ms. Davis:

As instructed by the Department of Labor, enclosed please find Receipts of Payment of Lost or Denied Wages executed by Patricia Abshire and Theresa Mims. We did not receive executed Receipts from Kathy Jones or Shaniki Culbertson, therefore enclosed please find copies of their checks that have cleared the bank.

Please let me know if you should need anything further.

Sincerely,

DOLLAR GENERAL CORPORATION


Tracy M. Loftis
Legal Assistant
to Jennifer Gingery Cook

Long One

EXHIBIT 5



AM SOUTH BANK
CLARKSVILLE, TN

AMOUNT
163.92

07267 STORE
TO THE JONES, KATHY C.
ORDER OF 8444 WATER OAK CT
MONTGOMERY AL 36117

Wm L Smith

00000163921

Call 1-800-443-7829 for more information

[illegible]

REGIONS BANK 1062905690
70 BAGBY DRIVE 01132006
BIRMINGHAM, AL
0392388511

DO NOT WRITE SIGN STAMP BELOW THIS LINE
DEPOSITORY BANK ENDORSEMENT

FOR DEPOSIT ONLY

EXHIBIT 6

12-08-2005 11:26 From:US DOL WAGE & HOUR

334 223 7746

T-565 P.001/004 F-423

U. S. Department of Labor

Employment Standards Administration
 Wage and Hour Division
 401 Carmichael Road, Suite 215
 Montgomery, AL 36106
 Telephone (334) 223-7588, Ext. 14
 Fa. (334) 223-7746



Fax

To: Dollar General	From: Yvette R. Davis
Fax: 615-855-5154	Pages: 4
Phone: 615-855-5157	Date: 12/08/2005
Re: Wage and Hour Investigation	CC:

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

ATTN: Ms. Jennifer Cook

Per recent conversation, attached are the forms that need to be signed and re-faxed to our office for case closure. If you have any questions, please give me a call.

Yvette R. Davis
 YVETTE R. DAVIS
 Wage Hour Investigator

***** WARNING *****The attached information may be confidential. It is intended only for the addressee(s) identified above. If you are not the addressee(s), or an employee or agent of the addressee(s), please note that any dissemination, distribution or copying of this communication is strictly prohibited. If you have received this fax in error, please destroy the document and notify the sender of the error. Thank You